



Department of Human Resources
 311 West Saratoga Street
 Baltimore MD 21201

FIA ACTION TRANSMITTAL

Control Number: 13-08

Effective Date: March 11, 2013

Issuance Date: February 7, 2013

**TO: DIRECTORS, LOCAL DEPARTMENTS OF SOCIAL SERVICES
 DEPUTY/ASSISTANT DIRECTORS FOR FAMILY INVESTMENT
 FAMILY INVESTMENT SUPERVISORS AND ELIGIBILITY STAFF
 CHILD CARE SUBSIDY PROGRAM ADMINISTRATORS**

FROM: ROSEMARY MALONE, EXECUTIVE DIRECTOR, FIA *Rosemary Malone*
**ROLF GRAFWALLNER, ASSISTANT STATE
 SUPERINTENDENT, DIVISION OF EARLY CHILDHOOD
 EDUCATION, MSDE**

**RE: CHILD CARE SUBSIDY (CCS) WAIT LIST ADDITIONAL
 REOPENING**

PROGRAM AFFECTED: CHILD CARE SUBSIDY

**ORIGINATING OFFICE: DIVISION OF EARLY CHILDHOOD EDUCATION,
 OFFICE OF CHILD CARE**

SUMMARY: The CCS wait list partially opens on March 11, 2013 for non-TCA families at income levels D-H. Funds are now available to serve additional families who were previously on the wait list.

The Child Care Subsidy program implemented a wait list on February 28, 2011 because of a shortage of funding. We continued to accept applications after that date, but could not issue vouchers to families determined eligible. These families were instead placed on the wait list until funds became available.

ACTION REQUIRED:

- Add the following procedure:
 - Begin issuing vouchers when you approve applications for non-TCA families at income levels D-H.
 - MSDE is sending a letter to all families on the Wait List during the first full week in March informing them that we are accepting applications for service to non-TCA families. An application and list of required verifications are attached to the letter.
 - Local offices must process all CCS applications by March 8, 2013 in order for families to receive a letter from the mass mailing.

- If case managers work on the weekend of March 9th and 10th they must manually send customers a Wait List Reopen letter when applications are approved but placed on the Wait List March 9th or 10th. Case managers must also include a blank application and the “Tips for Completing an Application” sheet. We have attached the letter, an application and a list of required verifications. These documents are also available on DocuShare.
- Keep the following in mind:
 - Voucher issuance for families at non-TCA income levels I and J remain frozen. They may apply, and the Office of Child Care tracks them for statistical purposes.
 - Add new children to all types of existing cases during interim change or redetermination regardless of priority or non-TCA income level.
 - Families are automatically removed from the wait list by CCATS.
 - Case managers must request verifications for all applications, even those that appear to be headed for frozen status.

SYSTEM INFORMATION:

- Optional procedure: Case managers may enter offline income calculations and other eligibility information for non-TCA income levels I and J on the 3rd CCATS screen, Eligibility Wait List Priority. This decreases the amount of data that must be entered for families in frozen status.
 - If the Optional offline calculation is not used, the case manager must enter eligibility data in each of the seven application sections. CCATS provides the outcome when eligibility is determined.
- The Wait List reopen letter is accessible through the Account Summary screen in the Documents – Generate Document drop down.
- MSDE added the code “Wait List Cleared – March 2013” to the Application History link on the Eligibility screen.

ACTION DUE: March 11, 2013.

INQUIRIES: Direct policy or procedures inquiries to Myra White-Gray at 410-767-7863 or myra.white-gray@msde.state.md.us. Direct system inquiries to the MSDE CCATS Help Desk at 410-767-7816 or MSDECCATS@msde.state.md.us.

Attachments

cc: DHR Executive Staff
 FIA Management Staff
 Constituent Services
 OTHS Help Desk
 Child Care Subsidy Management Staff

Date

Dear Child Care Customer:

The Child Care Subsidy program is now able to offer services to more of Maryland's most economically needy families. The following chart lists an example of the maximum gross annual income limits for the most economically needy families that we will serve. Family sizes of 2, 3 and 4 are included:

Family Size	Annual Income Levels Served
2	\$0 - \$19,166
3	\$0 - \$23,676
4	\$0 - \$28,185

This change will be effective March 11, 2013. Please return the enclosed application and necessary verifications to the local department of social services if you think you are within the above income levels. Families that do not return the application will be taken out of frozen status and not considered for assistance. Vouchers will be issued to eligible families effective for service beginning March 11, 2013.

Necessary verifications for you, your spouse or your child's other parent living in your household include, but may not be limited to:

- Pay stubs covering the most recent 4 weeks. If you have a new job, supply a letter from your employer on letterhead stating your schedule and salary.
- Proof of enrollment in school or training including an official class schedule. Be sure it includes dates, days and hours of your school or training program.
- Proof of all other earned or unearned income.
- Proof of pursuit or receipt of child support, or of a claim of good cause for children eligible for child support. If you have not applied for child support, the CCS case manager will give you a referral to the Child Support Enforcement Agency.
- Proof of your current address.
- Proof of identity for each household member.

The local department of social services will notify you of your eligibility. Please call the local department if you have any questions.

Sincerely,

Dr. Rolf Grafwallner
Assistant State Superintendent
Division of Early Childhood Development

Attachments: Subsidy Application Form (OCC 354)
Tips for Completing Your Application

Maryland State Department of Education/Office of Child Care
 Child Care Subsidy Program
APPLICATION/REDETERMINATION FOR CHILD CARE

Return To:

I. Applicant Name:					Social Security Number (optional):				
Address: Street		Apt Number		City		State		Zip Code	

Mailing address, if different:

Telephone Number:	Marital Status:	Date of Birth:	Race:
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II. Spouse (Other Parent) or Relative Caretaker's Name:					Social Security Number (optional):				
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Telephone Number:	Marital Status:	Date of Birth:	Race:
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III. 1) Do you receive Temporary Cash Assistance (TCA)? 1) Never
 a. Yes. When did you start getting TCA? 1a) _____
 b. Not any more. When did you stop getting TCA? 1b) _____
 c. No. I applied in the last 30 days.
 2) Does a minor parent reside in the home? 2) Yes No
 3) Are you a relative caretaker (not the mother or father)? 3) Yes No
 a. If yes, how are you related to the child(ren)? 3a) _____
 b. Do you receive TCA for the child(ren)? 3b) Yes No
 c. Number of related children in your custody? 3c) _____
 4) Does your child attend a Head Start program? 4) Yes No

IV. Activity Information

Your Activity	Spouse/Other Parent /Activity if in the Household
Name of school or employer: _____	Name of school or employer: _____
Address of school or employer: _____	Address of school or employer: _____
Telephone number: _____	Telephone number: _____
Days and hours of your activity: _____	Days and hours of your activity: _____
Start and end dates of activity: _____	Start and end dates of activity: _____

V. Child Information (List all child(ren) in household under 13 years old)

Complete this section for each child for whom child care is needed. Use the codes below to complete the Citizenship, Race and Ethnicity columns. Enter each code that applies, using at least one code for each child. Enter either "Yes" or "No" in the Disabled column to indicate if the child has a disability.

Citizenship/Immigration Code: 1=United States Citizen, 2=Permanent Resident, 3=Asylee, 4=Alien granted conditional entry, 5=Parolee 1 year or more, 6=Alien whose deportation is withheld, 7=Refugee, 8=Battered alien spouse, child, or parent of child(ren)

Social Security Number: Optional-not required for any household members

Ethnicity Codes: 1=Yes/Hispanic or Latino, 2=No/Hispanic/Latino

Race Codes: 1=American Indian/Alaskan Native, 2=Asian, 3=Black/African American, 4=Native Hawaiian/Pacific Islander, 5=White

Last	Name First	Citizen-ship/ Immi-gration Status	SSN	DOB	Eth-ni-city	Sex	Race	Dis-abled	Days & Hours of Care	Type of Care (Registered Home, Licensed Center or Informal)
Example: Doe,	Jane	2	111-22-3333	4/4/04	1		5	Yes	M-F 8	Informal

VI. Other Household Members							
Last	Name First	Social Security Number	Date of Birth	Race	Sex	Relationship to you	Name of school or employer
VII. Income Information							
Complete those which apply to household members:							
GROSS SALARY	\$	per	\$	per	\$	per	
TCA	\$	per	\$	per	\$	per	
CHILD SUPPORT	\$	per	\$	per	\$	per	
OTHER	\$	per	\$	per	\$	per	
TOTAL UNIT INCOME:		HOUSEHOLD SIZE:			DATE COMPLETED:		
Do you receive Housing Assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No				Do you receive Food Stamps? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Attach proof of all income for: applicant, spouse, other parent in home, parents of minor parent, adult and spouse with physical custody of minor child.							
VIII. Child Support Information							
1) Are you receiving child support for all children in your household who are eligible for child support? <input type="checkbox"/> Yes <input type="checkbox"/> No							
2) Have you applied for child support for all children in your household eligible to receive child support? <input type="checkbox"/> Yes <input type="checkbox"/> No							
3) Do you claim good cause for not pursuing child support for any child in your household eligible for child support? <input type="checkbox"/> Yes <input type="checkbox"/> No							
<i>If you claim good cause, you are required to give proof of your claim. The POC case manager will send you information and a form to help you with your claim.</i>							
Your application gives us information about whether you are eligible for benefits and services. These benefits are provided at public expense and you must give true information. It may be verified with public and private agencies and businesses. You must report any changes to the information provided on this form within 10 days of the change. If you knowingly give false information or willfully fail to report changes you may be subject to disqualification and to the penalties listed below.							
Article 27, 230A of the Annotated Code of Maryland states that:							
(a) Any person who fraudulently obtains, attempts to obtain, or aides another person in fraudulently obtaining or attempting to obtain money, property, food stamps, medical care, or other assistance to which he is not entitled, under a social, health, or nutritional program based on need, financed in whole or in part by the State of Maryland, and administered by the state or its political subdivisions is guilty of a misdemeanor. For purpose of this section, fraud shall include:							
(1) willfully making a false statement or representation; or							
(2) willfully failing to disclose a material change in household or financial condition; or							
(3) impersonating another person.							
(b) Upon conviction, after notice and the opportunity to be heard as to the amount of payment and how the payment is to be made, the person shall make full restitution of the money, property, food stamps, medical care or other assistance unlawfully received, or the value thereof, and shall be fined not more than \$1,000 or imprisoned for not more than three years, or both fined and imprisoned.							
Consent to release information:							
I hereby authorize the Maryland State Department of Education Child Care Subsidy Unit (MSDE/CCS), the Maryland State Department of Human Resources Office of Inspector General (DHR/OIG) or any entities authorized by MDSE to contact, review and obtain records maintained by any person, partnership, corporation, association, or governmental agency for the purpose of establishing proof of my eligibility for CCS benefits. This includes but is not limited to: employment, financial (including bank records), school/educational, rental/housing and Maryland Stated Income Tax records. By signing below, I certify that I am the undersigned, and that I am competent to consent to this release of information. A photocopy of this form is as valid as the original.							
Parent Signature						Date	
Signature of Other Parent/Spouse in the Household/Parent of Minor Child						Date	
Case Manager Signature						Date	
Supervisor Signature						Date	

Tips for Completing Your Application

List all household members on your application. If you include an adult child he or she must be under 21 years old, in school full-time (verification required) and financially dependent on you. Do not list family members who are not dependent on your income, such as your parents, grandparents, aunts and uncles, etc. Any children listed who are not biological children must have documentation of custody.

The following information is needed in order to determine eligibility regarding your request for child care services:

- Proof of identity for you and all household members. Acceptable forms of identity are government issued IDs such as a passport, driver's license or birth certificate.
- Pay stubs covering the most recent 4 consecutive weeks. If you have a new job, send a letter from your employer on company letterhead stating your start date, salary, days and hours of work.
- Proof of enrollment in school or training, such as a letter from the school or training program listing your schedule. The letter must be on official letterhead and includes "begin and end dates" (example: Classes begin on June 30, 2012 and end on January 1, 2013) and "days and hours" (example: M-F from 9:00 am-4:00 p.m.) of your school or training. If you attend college you must provide an official schedule from the Registrar's Office indicating credit hours and a tuition receipt for the current semester.
- Proof of all other income for you and all household members including Social Security Benefits, Unemployment, etc.
- Proof of receipt of child support, or if you are not receiving child support, proof that you have applied for and are cooperating with the Bureau of Child Support.
- Proof of your residency. This can be proven with a copy of your lease, BGE bill, phone bill, driver's license, etc.

Include your home, cell and/or work/school telephone number so that we may reach you if we have any other questions regarding your application.